

Adverse Events (AD1)

Adverse event onset date (AEDATE):

Event number (AESEQNUM):

This adverse event has been closed by the Medical Reviewer and may no longer be updated.

For the purposes of this protocol, only overdoses, whether hospitalized or not, and all deaths will be reported in AdvantageEDC.

1. Adverse event outcome: (A1AEOUT)

- 1-Overdose
- 2-Overdose resulting in death
- 3-Other death

(mm/dd/yyyy)

(mm/dd/yyyy)

a. If "Overdose" or "Overdose resulting in death", date of overdose: (A1ODDT)

b. If "Overdose resulting in death" or "Other death", date of death: (A1DTHDT)

2. If "Overdose", severity of overdose: (A1ODSEVE)

- 1-Grade 1 - Mild
- 2-Grade 2 - Moderate
- 3-Grade 3 - Severe

No  Yes  Unknown

3. If "Overdose" or "Overdose resulting in death", were opioids involved in the overdose? (A1OPIOID)

4. If "Other death", primary cause of death: (A1CAUSE)

(mm/dd/yyyy)

5. Date site became aware of the event: (A1AWARDT)

6. Hospitalization: (A1HOSPIT)

No  Yes  Unknown

Comments: (AD1COMM)

**Additional Selection Options for AD1**

**Event number (AESEQNUM) (key field):**

- 01-1st Adverse Event of the day
- 02-2nd Adverse Event of the day
- 03-3rd Adverse Event of the day
- 04-4th Adverse Event of the day
- 05-5th Adverse Event of the day
- 06-6th Adverse Event of the day
- 07-7th Adverse Event of the day
- 08-8th Adverse Event of the day
- 09-9th Adverse Event of the day
- 10-10th Adverse Event of the day

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Demographics (DEM)

Web Version: 1.0; 2.02; 07-11-14

1. Date of birth:(DEBRTHDT)

 (mm/dd/yyyy)

2. Age:(DEAGE)

 (xx)

3. Gender:(DEGENDER)

 Male  Female  Don't know  Refused

4. Does the participant consider him or herself to be Hispanic/Latino?(DEHISPNC)

 No  Yes  Don't know  Refused

If "Yes", indicate the group that represents his or her Hispanic origin or ancestry:(DEHISPSP)

1-Puerto Rican  
 2-Dominican (Republic)  
 3-Mexican/Mexicano  
 4-Mexican American  
 5-Chicano  
 \*Additional Options Listed Below

5. What race does the participant consider him or herself to represent:

(Check all that apply)

White: (DEWHITE)

Black/ African American: (DEBLACK)

Indian (American): (DEAMEIND)

Alaska native: (DEALASKA)

Native Hawaiian: (DEHAWAII)

Guamanian: (DEGUAM)

Samoan: (DESAMOAN)

Other Pacific Islander: (DEPACISL)  Specify: (DEPACISO)

Asian Indian: (DEASAIND)

Chinese: (DECHINA)

Filipino: (DEFILIPN)

Japanese: (DEJAPAN)

Korean: (DEKOREA)

Vietnamese: (DEVIETNM)

Other Asian: (DEASIAN)  Specify: (DEASIAOT)

Some other race: (DERACEOT)  Specify: (DERACESP)

-OR- ---

Don't know:(DERACEDK)

Refused: (DERACERF)

6. What is the highest grade or level of school the participant has completed or the highest degree they have received? (DEEDUCTN)

- 00-Never attended / kindergarten only
- 01-1st grade
- 02-2nd grade
- 03-3rd grade
- 04-4th grade
- \*Additional Options Listed Below

7. We would like to know about what the participant does -- is he/she working now, looking for work, retired, keeping house, a student, or what? (DEJOB)

- 01-Working now
- 02-Only temporarily laid off, sick leave, or maternity leave
- 03-Looking for work, unemployed
- 04-Retired
- 05-Disabled, permanently or temporarily
- \*Additional Options Listed Below

If "Other", specify: (DEJOBSP)

8. Is the participant married, widowed, divorced, separated, never married, or living with a partner? (DEMARTL)

- 01-Married
- 02-Widowed
- 03-Divorced
- 04-Separated
- 05-Never married
- \*Additional Options Listed Below

Comments: (DEMCOMM)

## Additional Selection Options for DEM

If "Yes", indicate the group that represents his or her Hispanic origin or ancestry:

- 6-Cuban
- 7-Cuban American
- 8-Central or South American
- 9-Other Latin American
- 99-Other Hispanic
- 98-Refused
- 97-Don't know

What is the highest grade or level of school the participant has completed or the highest degree they have received?

- 05-5th grade
- 06-6th grade
- 07-7th grade
- 08-8th grade
- 09-9th grade
- 10-10th grade
- 11-11th grade
- 12-12th grade, no diploma
- 13-High school graduate
- 14-GED or equivalent
- 15-Some college, no degree
- 16-Associate's degree: occupational, technical, or vocational program
- 17-Associate's degree: academic program
- 18-Bachelor's degree (e.g., BA, AB, BS, BBA)
- 19-Master's degree (e.g., MA, MS, MEng, MEd, MBA)
- 20-Professional school degree (e.g., MD, DDS, DVM, JD)
- 21-Doctoral degree (e.g., PhD, EdD)
- 98-Refused
- 97-Don't know

We would like to know about what the participant does -- is he/she working now, looking for work, retired, keeping house, a student, or what?

- 06-Keeping house
- 07-Student
- 99-Other

Is the participant married, widowed, divorced, separated, never married, or living with a partner?

- 06-Living with partner
- 98-Refused
- 99-Don't know

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A251B (ENR)

Web Version: 1.0; 1.04; 04-04-17

Date of assessment (R8ASMDT)

 (mm/dd/yyyy)

**Inclusion Criteria**

In order to meet eligibility ALL Inclusion answers must be "Yes".

1. Participant is 18 years of age or older? (R8PTAGE)  No  Yes
2. Participant meets DSM-5 criteria for opioid-use disorder (heroin and/or prescription opioids)? (R8OPIDEP)  No  Yes  Unknown  
 than as specifically prescribed within thirty days prior to consent? (R8OPIUSE)  No  Yes  Unknown  
 opioid dependence? (R8SEEXTX)  No  Yes  Unknown
5. Participant is able to provide written informed consent? (R8INFORM)  No  Yes  Unknown
6. Participant is able to speak English sufficiently to understand the study procedures? (R8ENGLISH)  No  Yes  Unknown

**Exclusion Criteria**

In order to meet eligibility ALL Exclusion answers must be "No".

1. Participant has a serious medical, psychiatric or substance use disorder that, in the opinion of the Site PI, would make study participation hazardous to the participant, compromise study findings or prevent the participant from completing the study? (R8PSYCH)  No  Yes  Unknown  
 deatation that requires immediate attention? (R8SUICDE)  No  Yes  Unknown
3. Participant is on maintenance of methadone at doses of 30mg or greater at the time of signing consent? (R8TDMNT)  No  Yes  Unknown
4. Participant has presence of pain of sufficient severity as to require ongoing pain management with opioids? (R8PAIN)  No  Yes  Unknown
5. Participant is currently in jail, prison or any inpatient overnight facility as required by court of law or has a pending legal action which may prevent the individual from completing the study. (R8LEGAL)  No  Yes  Unknown
6. Participant is female of child bearing potential and currently pregnant, breastfeeding, or planning on conception? (R8PREGNT)  No  Yes  Not assessed  Not applicable
7. Participant has participated in parent trial CTN-0051? (R8PARENT)  No  Yes  Unknown

**Eligibility for Enrollment**

1. Participant discharged to the community from: (R8DSCHRG)  Detox unit  Residential facility  Not discharged
  - a. Date of discharge from detox unit: (R8DDCDT)  (mm/dd/yyyy)
  - b. If "residential facility", date of discharge from residential facility: (R8FDCDDT)  (mm/dd/yyyy)
2. Is the participant eligible for the study? (R8ELGTY)  No  Yes
3. Have all inclusion/exclusion criteria been reviewed by the Site Principal or Sub Investigator? (R8PHYREV)  No  Yes  
 If "Yes", review date: (R8PHRVDT)  (mm/dd/yyyy)

Comments: (R8COMM)

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MM Community Treatment (MMC)

Web Version: 1.0; 2.01; 06-02-16

Segment (PROTSEG): B  
Visit number (VISNO):

Date of assessment (MMCASMDT)

(mm.ttd/yyyy)

1. Is the participant continuing to receive treatment in the community as planned? (MMTXPLAN)

No  Yes  Not applicable

2. What treatment(s) is the participant engaging in:

No  Yes

a. Medication assisted treatment (MAT) with buprenorphine maintenance: (MMBUP)

No  Yes

b. Medication assisted treatment (MAT) with injectable naltrexone: (MMVIVTRL)

No  Yes

c. Medication assisted treatment (MAT) with oral naltrexone: (MMVIVORL)

No  Yes

d. Medication assisted treatment (MAT) with methadone maintenance: (MMMTDMNT)

No  Yes

e. Medication assisted treatment (MAT) with inpatient detox: (MMINPDTX)

No  Yes

f. Psychosocial: (MMPSYCH)

No  Yes

g. Referral to other community-based treatment: (MMCOMTRT)

No  Yes

If "Yes", specify: (MMPSYCSP)

-OR-

Declined further treatment: (MMDCLNTR)

Comments: (MMC COMM)

Medical Management Termination (Community Discharge Plan) (MMD)

Web Version: 1.0; 2.01; 09-13-16

Segment (PROTSEG): B

Visit number (VISNO):

Date of assessment (MMDASMDT)

 (mm/dd/yyyy)

1. What treatment plan has been established for the participant at discharge to the community?

a. Medication assisted treatment (MAT) with buprenorphine maintenance: (MDBUP)

 No  Yes

b. Medication assisted treatment (MAT) with injectable naltrexone: (MDVIVTRL)

 No  Yes

c. Medication assisted treatment (MAT) with oral naltrexone: (MDVIVORL)

 No  Yes

d. Medication assisted treatment (MAT) with methadone maintenance: (MDMTDMNT)

 No  Yes

e. Psychosocial: (MDPSYCH)

 No  Yes If "Yes", specify: (MDPSYCSP) 

f. Referral to other community-based treatment: (MDCOMTRT)

 No  Yes

-OR-

Declined further treatment: (MDDCLNTR)

-OR-

Failed to establish a treatment plan: (MDNOTRMT)

Comments: (MMDCOMM)



Missed Visit Form (MVF)

Web Version: 1.0; 1.00; 12-06-13

Segment (PROTSEG): B

Visit number (VISNO):

Reason for missed visit: (MVREASON)

- 1-Participant failed to return to clinic and unable to contact
- 2-Participant unable to attend visit (e.g., no childcare, transportation, schedule conflict)
- 3-Participant on vacation
- 4-Participant illness
- 5-Participant in hospital, in-patient, or residential treatment
- \*Additional Options Listed Below

If "Other", specify: (MVOTHRSP)

Comments: (MVFCOMM)

**Additional Selection Options for MVF**

Reason for missed visit:  
6-Participant moved from area  
7-Participant in carcerale d  
8-CTP/Site closed  
9-Participant withdrew consent  
10-Participant deceased  
99-Other

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Protocol Deviation (PDV)

Web Version: 1.0; 1.02; 04-04-17

Date of deviation (PDDATE):  
 Protocol deviation number (PDEQNUM):

1. Date deviation identified: (PDVDATE)

 (mm/dd/yyyy)

2. Deviation type: (PDTYPE)

Z01-INFORMED CONSENT PROCEDURES  
 01A--- No consent/assent obtained  
 01B--- Invalid/incomplete informed consent form  
 01C--- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent  
 01D--- Non IRB approved/outdated/obsolete informed consent documents used  
 \*Additional Options Listed Below

If "Other", specify: (PDTPSP)

3. Brief description of what occurred: (PDES CPT)

4. Brief description of the actual or expected corrective action for this event: (PD ACTION)

5. Brief description of the plan to prevent recurrence: (PDPREVRE)

6. Is this deviation reportable to your IRB? (PDIRBREP)

 No  Yes

If "Yes", will the IRB be notified at the time of continuing review? (PDIRBCOM)

 No  Yes

If "Yes", date of planned submission: (PDIRBPD T)

 (mm/dd/yyyy)

If "No", date of actual submission: (PDIRBAD T)

 (mm/dd/yyyy)

Comments: (PDVCOMM)

**Additional Selection Options for PDV****Protocol deviation number (PDSEQNUM) (key field):**

01-1st Protocol Deviation of the day  
 02-2nd Protocol Deviation of the day  
 03-3rd Protocol Deviation of the day  
 04-4th Protocol Deviation of the day  
 05-5th Protocol Deviation of the day  
 06-6th Protocol Deviation of the day  
 07-7th Protocol Deviation of the day  
 08-8th Protocol Deviation of the day  
 09-9th Protocol Deviation of the day  
 10-10th Protocol Deviation of the day

**Deviation type:**

01E--- Informed consent process not properly conducted and/or documented  
 01Z--- Other (specify)  
**Z02-INCLUSION/EXCLUSION CRITERIA**  
 02A--- Ineligible participant randomized/inclusion/exclusion criteria not met  
 02Z--- Other (specify)  
**Z04-LABORATORY ASSESSMENTS**  
 04A--- Biologic specimen not collected/processed as per protocol  
 04Z--- Other (specify)  
**Z05-STUDY PROCEDURES/ASSESSMENTS**  
 05A--- Protocol required visit/assessment not scheduled or conducted  
 05B--- Study assessments not completed/failed as per protocol  
 05C--- Inappropriate unblinding  
 05Z--- Other (specify)  
**Z06-ADVERSE EVENT**  
 06A--- AE not reported  
 06B--- SAE not reported  
 06C--- AE/SAE reported out of protocol specified reporting time frame  
 06D--- AE/SAE not elicited, observed and/or documented as per protocol  
 06E--- Safety assessment (e.g. labs, ECG, clinical referral to care) not conducted per protocol  
 06Z--- Other (specify)  
**Z07-RANDOMIZATION PROCEDURES**  
 07A--- Stratification error  
 07Z--- Other (specify)  
**Z08-STUDY MEDICATION MANAGEMENT**  
 08A--- Medication dispensed to ineligible participant  
 08B--- Medication dispensed to incorrect participant  
 08C--- Medication dosing errors (protocol specified dose not dispensed)  
 08D--- Participant use of protocol prohibited medication  
 08Z--- Other (specify)  
**Z09-STUDY BEHAVIORAL INTERVENTION**  
 09A--- Study behavioral intervention was not provided/performed as per protocol  
 09Z--- Other (specify)  
**Z99-OTHER SIGNIFICANT DEVIATIONS**  
 99A--- Destruction of study materials without prior authorization from sponsor  
 99B--- Breach of Confidentiality  
 99Z--- Other (specify)

**Study Termination (STT)**

Web Version: 1.0; 3.01; 02-09-17

Segment (PROTSEG): B

1. Date of study completion or last attended study visit: (STTRMDT)

 (mm/dd/yyyy)

2. Did the participant complete the week 8 visit? (STCOMPLT)

 No  Yes

Comments: (STTCOMM)

**Investigator's Signature**

I have reviewed all the data recorded on all CRF pages and certify that they are accurate and complete to the best of my knowledge.

Principal Investigator: (STPISIGN)

Date: (STPSGDT)

 (mm/dd/yyyy)

TLFB Assessment Period (TAP)

Web Version: 1.0; 5.01; 09-13-16

Segment (PROTSEG): B

Visit number (VISNO):

Date of assessment (TAPASMDT)

 (mm/dd/yyyy)

1. Assessment period (TATFS TDT)

From:  (mm/dd/yyyy)

(TATFENDT)

To:  (mm/dd/yyyy)

2. Have any illicit substances or alcohol been taken during this assessment period? (TASUBALC)

No  Yes

Comments: (TAPCOMM)

Timeline Followback (TF1)

Web Version: 1.0; 1.01; 09-01-16

TFB week start date (TFWKSTD7):

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	(TLDATE1) <input type="text"/>	(TLDATE2) <input type="text"/>	(TLDATE3) <input type="text"/>	(TLDATE4) <input type="text"/>	(TLDATE5) <input type="text"/>	(TLDATE6) <input type="text"/>	(TLDATE7) <input type="text"/>
1. Have any illicit substances or alcohol been used on this day?	(TLSUBAL1) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL2) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL3) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL4) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL5) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL6) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL7) <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Alcohol number of standard drinks (xx):	(TLALCHL1) <input type="text"/>	(TLALCHL2) <input type="text"/>	(TLALCHL3) <input type="text"/>	(TLALCHL4) <input type="text"/>	(TLALCHL5) <input type="text"/>	(TLALCHL6) <input type="text"/>	(TLALCHL7) <input type="text"/>
3. Cannabinoids / Marijuana:	(TLTHCR1) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLTHCR2) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLTHCR3) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLTHCR4) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLTHCR5) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLTHCR6) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLTHCR7) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below
4. Cocaine:	(TLCOCR1) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLCOCR2) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLCOCR3) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLCOCR4) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLCOCR5) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLCOCR6) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLCOCR7) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below
5. Crack:	(TL CRAKR1) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TL CRAKR2) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TL CRAKR3) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TL CRAKR4) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TL CRAKR5) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TL CRAKR6) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TL CRAKR7) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below
6. Amphetamine-type stimulants:	(TLAMP R1) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLAMP R2) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLAMP R3) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLAMP R4) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLAMP R5) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLAMP R6) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLAMP R7) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below
7. Buprenorphine:	(TLBUP R1) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLBUP R2) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLBUP R3) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLBUP R4) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLBUP R5) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLBUP R6) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLBUP R7) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below
8. Opioid analgesic:	(TLOPIR1) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLOPIR2) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLOPIR3) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLOPIR4) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLOPIR5) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLOPIR6) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below	(TLOPIR7) 0-00-No use 1-01-Oral 2-02-Nasal 3-03-Smoking 4-04-Non-IV Injection *Additional Options Listed Below
9. Methadone:	(TLM TDR1)	(TLM TDR2)	(TLM TDR3)	(TLM TDR4)	(TLM TDR5)	(TLM TDR6)	(TLM TDR7)





**Additional Selection Options for TF1**

D1 cannabinoids  
5-05-IV Injection  
99-99-Other

Urine Drug Screen (UDS)

Web Version: 1.0; 5.03; 09-13-16

Segment (PROTSEG): B

Visit number (VISNO):

1. Was a urine drug screen performed? (UDETEST1)

If "No", reason: (UDNORSN)

If "Other", specify: (UDNOSP1)

No  Yes

1-Participant reported being unable to provide sample  
 2-Participant refused to provide sample  
 3-Study staff error  
 99-Other

(mm/dd/yyyy)

No  Yes

No  Yes

1st Urine Drug Screen

2. Date 1st urine specimen collected: (UDCOLDT)

3. Was the 1st urine temperature within range? (90 - 100 °F) (UDETEMP1)

4. Was the 1st urine specimen determined to be adulterated? (UDADULT1)

5. 1st Urine Drug Screen Result(s):

Drug Name (Abbreviation)	Negative	Positive	Invalid
Benzodiazepines (BZO):	(UDBZO1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (AMP):	(UDAMP1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC):	(UDTHC1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (MET):	(UDMET1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (2000 ng) (OP1):	(UDOP11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (COC):	(UDCOC1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (MDMA):	(UDMDA1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (OXY):	(UDOXY1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (MTD):	(UDMTD1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturate (BAR):	(UDBAR1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opiates (300ng)(OP1): (UDOP1300)

Buprenorphine (BUP): (UDBUP1)

Negative  Positive  Invalid

Negative  Positive  Invalid

2nd Urine Drug Screen

6. If the 1st urine specimen was determined to be adulterated, was a second specimen collected? (UDETEST2)

If "No", reason: (UDNORSN2)

If "Other", specify: (UDNOSP2)

7. Was the 2nd urine temperature within range? (90 - 100 °F) (UDETEMP2)

8. Was the 2nd urine specimen determined to be adulterated? (UDADULT2)

9. 2nd Urine Drug Screen Result(s):

Drug Name (Abbreviation)	Negative	Positive	Invalid
Benzodiazepines (BZO):	(UDBZO2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (AMP):	(UDAMP2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC):	(UDTHC2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (MET):	(UDMET2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (2000 ng) (OP1):	(UDOP12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No  Yes

1-Participant reported being unable to provide sample  
 2-Participant refused to provide sample  
 3-Study staff error  
 99-Other

No  Yes

No  Yes

Cocaine (COC):	(UDCOC2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (MDMA):	(UDMDA2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (OXY):	(UDOXY2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (MTD):	(UDMTD2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturate (BAR):	(UDBAR2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opiates (300ng)(OPI): (UDOP2300)

Buprenorphine (BUP): (UDBUP2)

Comments: (UDSCOMM)

Negative  Positive  Invalid  
 Negative  Positive  Invalid